

Days 1–15

Protect Your Vaccines

Check Temperatures Twice a Day!

TEMPERATURE MONITORING LOG

Mo./Yr.: _____

Clinic Name: _____



Instructions: Place an “X” in the box that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected, 3. **Call the immunization program at your local health department** for further assistance:(____) _____, and 4. **Document the action taken** on this log.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Exact Time of Temp	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
≥49°F (9.5°C)			WARNING TOO WARM							WARNING TOO WARM					
48°F (8.9°C)															
47°F (8.4°C)															
46°F (7.8°C)															
45°F (7.3°C)															
44°F (6.8°C)															
43°F (6.2°C)															
42°F (5.5°C)															
41°F (5.0°C)															
40°F (4.5°C)															
39°F (3.9°C)															
38°F (3.4°C)															
37°F (2.7°C)															
36°F (2.3°C)															
35°F (1.7°C)															
34°F (1.1°C)															
33°F (0.6°C)															
32°F (0.0°C)			WARNING TOO COLD						DANGER!!!						
31°F (-0.6°C)															
30°F (-1.1°C)															
29°F (-1.7°C)															
28°F (-2.3°C)															

Refrigerator temperature

≥8°F (-13.4°C)			WARNING TOO WARM						WARNING TOO WARM						
7°F (-13.9°C)															
6°F (-14.4°C)															
5°F (-15.0°C)															
4°F (-15.6°C)															
≤3°F (-16.1°C)															
Room temp															
Staff Initials															

Freezer temp

Days 16–31
Protect Your Vaccines
Check Temperatures Twice a Day!

TEMPERATURE MONITORING LOG



Mo./Yr.: _____

Clinic Name: _____

Instructions: Place an “X” in the box that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected, 3. **Call the immunization program at your local health department** for further assistance: (_____) _____, and 4. **Document the action taken** on this log.

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Exact Time																
of Temp	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
≥49°F (9.5°C)			WARNING TOO WARM									WARNING TOO WARM				
48°F (8.9°C)																
47°F (8.4°C)																
46°F (7.8°C)																
45°F (7.3°C)																
44°F (6.8°C)																
43°F (6.2°C)																
42°F (5.5°C)																
41°F (5.0°C)																
40°F (4.5°C)																
39°F (3.9°C)																
38°F (3.4°C)																
37°F (2.7°C)																
36°F (2.3°C)																
35°F (1.7°C)																
34°F (1.1°C)																
33°F (0.6°C)	WARNING TOO COLD														WARNING TOO COLD	
32°F (0.0°C)																
31°F (-0.6°C)																
30°F (-1.1°C)																
29°F (-1.7°C)																
28°F (-2.3°C)																
≥8°F (-13.4°C)			WARNING TOO WARM									WARNING TOO WARM				
7°F (-13.9°C)																
6°F (-14.4°C)																
5°F (-15.0°C)																
4°F (-15.6°C)																
≤3°F (-16.1°C)																
Room temp																
Staff Initials																

DANGER!!!

Call your Local Health Department